

10/1/15

Bulletin No. 15- 30

P-2420 D1

P-2420 Eligibility Determination for MedicaidD. Other Standards**1. SSI Federal Benefit Payment Rate (§ 29.04, 29.14(b), 29.14(c))**

These are used when determining the eligibility of SSI-related adults, allocations to ineligible children and parents, and the amount of income deemed to SSI-related child applicants.

<u>Effective 1/1/15</u>		<u>Effective 1/1/14 – 12/31/14</u>	
Individual	\$ 733 per month	\$ 721	per month
Couple	\$1,100 per month	\$1,082	per month
Maximum allocation for <u>Effective 1/1/15</u>		<u>Effective 1/1/14 – 12/31/14</u>	
Ineligible child	\$367 per month	\$361	per month

2. Business Expenses - Providing Room and/or Board

Use either A or B below, whichever is the higher amount, for the business expense deduction:

A. Standard monthly deduction, as follows:

Room - Scaled according to the size of the group.

Board - Equal to the thrifty food plan allowance for the group size.

Effective 10/1/15

ACCESS		Group Size					
Code	Type	1	2	3	4	5	6+
1	Room Only	166	305	437	556	660	791
2	2/3 Board	129	238	341	433	514	617
3	Board Only	194	357	511	649	771	925
4	Room and 2/3 Board	295	543	778	988	1,174	1,408
5	Room and Board	360	662	948	1,204	1,431	1,716

B. The actual documented amount of business expenses for room and/or board providing the amount does not exceed the income received from the roomers and boarders.

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P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)**3. Business Expenses - Providing Day Care Meals**

A recipient providing day care for other children in his or her own home is entitled to deduct, as a business expense from earned income, the cost of meals and snacks provided to those children. Use the following standard deductions or actual documented expenses, if higher.

Effective 10/1/15

Breakfast	\$1.32 per day
Lunch only	\$2.48 per day
Dinner only	\$2.48 per day
Snack	\$.74 per day

In cases that have documented non-meal related expenses, do the following:

- a) Manually figure the total monthly meal expense using either the standard deduction table or the actual verified expenses (whichever is higher).
- b) Figure the monthly total for non-meal related expenses.
- c) Add a) to b) and enter the total in the ACTUALS field on the DCIN panel. For these cases the entries in the meals fields will be disregarded and the amount in the ACTUALS field used.

4. Dependent Care Expense Maximums – ANFC- related Medicaid - eliminated 12/31/13.

Effective January 1, 2014, the only income disregard for Medicaid for Children and Adults is the 5% disregard that replaces all previous disregards (dependent care, \$90 per earner, child support, etc.). See P-2420 D3 #5 regarding the 5% disregard.

VPharm, and HVP – (Rule, 5414 and 5916)

\$175.00 per month per person for children two years of age or older and for incapacitated adults.

\$200.00 per month per child for children under two years of age.

Mileage reimbursement rates are the rates established by the U.S. General Services Administration. The rates fluctuate periodically. It is important to refer to the federal website in order to determine the current rate. The website is: www.gsa.gov/mileage

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P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)

5. **MAGI-Based Medicaid Disregard - (§28.03(c)(4))** - The \$90 per earner per month earned income disregard in effect 10/1/89 was eliminated 12/31/13.

Effective January 1, 2014, an amount equivalent to 5% of the 100% FPL for the applicable family size is added to the highest applicable FPL for the family size for which the individual may be determined eligible using MCA MAGI-based income methodologies. If the individual's income is at or below the revised amount they are eligible for Medicaid for Children and Adults.

Example: A single adult's highest FPL is 133%. If their income exceeds the 133% test, add 5% of the 100% FPL for (1) to the 133% limit for (1).

\$973 (100% FPL for 1) x .05 = \$48.65 + \$1294 (133% limit for 1) = \$1342.65. If the income is at or below \$1342.65, the individual is eligible for Medicaid for Adults.

6. **Pickle Deduction Percentage Chart**

See procedures at P-2421 B #1b for determining entitlement to the Pickle deductions.

Effective 1/1/15 to 12/31/15

4/77-6/77	0.7424	1/85-12/85	0.5331	1/93-12/93	0.3772	1/01-12/01	0.2398	1/09-12/09	0.0347
7/77-6/78	0.7272	1/86-12/86	0.5187	1/94-12/94	0.3610	1/02-12/02	0.2200	1/10-12/10	0.0347
7/78-6/79	0.7095	1/87-12/87	0.5124	1/95-12/95	0.3431	1/03-12/03	0.2091	01/11-12/11	0.0347
7/79-6/80	0.6807	1/88-12/88	0.4919	1/96-12/96	0.3260	1/04-12/04	0.1925	1/12-12/12	0.0167
7/80-6/81	0.6351	1/89-12/89	0.4716	1/97-12/97	0.3065	1/05-12/05	0.1707	1/13-12/13	0.0148
7/81-6/82	0.5942	1/90-12/90	0.4468	1/98-12/98	0.2919	1/06-12/06	0.1367	1/14-12/14	0.0167
7/82-12/83	0.5642	1/91-12/91	0.4169	1/99-12/99	0.2827	1/07-12/07	0.1082		
1/84-12/84	0.5489	1/92-12/92	0.3953	1/00-12/00	0.2655	1/08-12/08	0.0877		

7. **Home Upkeep Deduction, Long-Term Care (§ 24.04(d) and P-2430 E)**

Effective 1/1/15
\$588.78

1/1/14 – 12/31/14
\$579.78

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P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)**8. Allocation to Community Spouse - Long-Term Care (§ 24.04(e)(1)(i) and P-2430 E)**

- a. Maximum income allocation. If actual verified housing costs excluding fuel and utilities are greater than the base housing cost, allow up to the maximum allocation.

Effective 1/1/15
\$2,980.50

Effective 1/1/14 – 12/31/14
\$2,931

- b. Standard income allocation. (Maintenance income standard) This is 150 percent of the current poverty level for 2 people.

Effective 1/1/15
\$1,992

Effective 1/1/14 – 12/31/14
\$1,973

- c. Shelter standard This is 30 percent of the maintenance income standard in paragraph b, above.

Effective 1/1/15
\$598

Effective 1/1/14 – 12/31/14
\$592

1. Fuel and utility standard. See P-2590 A1 for current 3SVT fuel and utility standard.

Effective 10/1/15
\$787

Effective 10/1/13 – 9/30/14
\$805

2. Base housing cost

Effective 1/1/06
\$ 0.00

(10/1/05 – 12/31/05)
\$ 9.00

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P-2420 Eligibility Determination for MedicaidD. Other Standards (Continued)

- 9. Allocation to Each Family Member Living with a Community Spouse - Long-Term Care (§ 24.04(e)(1)(ii)).** This is the maximum allocation if family member has no income.

Effective 1/1/15
\$664.00

Effective 1/1/14 – 12/31/14
\$657.67

Allocation if family member has income:

Maintenance income standard (P-2420 D#8b)
- Gross income of family member
Remainder

Remainder ÷ by 3 = Allocation

- 10. Community Maintenance Allowance in the Home-and-Community-Based Waiver Program (§ 24.04(c), P-2430 H)**

Effective 1/1/15
\$1,083

Effective 1/1/14 - 12/31/14
\$1,066

- 11. Medicare Copayments for Nursing Home Care (P-2430 E)**

For the 21st through 100th day that a Medicare eligible person is in a nursing home, Medicare will pay the daily costs in excess of the following patient co-payment:

Effective 1/1/15
\$157.50

Effective 1/1/14 – 12/31/14
\$152.00

- 12. Standard Deductions for Assistive Community Care Services (ACCS) (§ 30.06(c)(4)) and Personal Care Services (PCS) (§ 30.06(c)(3)) (P-2421 D).**

ACCS Effective 1/1/12
\$ 42 per day
\$ 1,260 per month

Effective 1/1/09 – 12/31/11
\$ 37 per day
\$ 1,110 per month

PCS Effective 1/1/03
\$ 17.83 per day
\$ 535.00 per month

- 13. Average Cost to a Private Patient of Nursing Facility Services (§ 25.04(d))**

This amount is used to calculate a penalty period for an individual in a nursing home or in the home and community-based waiver program.

Effective 10/1/15
\$ 9,232.99 per month
\$ 307.77 per day

10/1/14 – 9/30/15
\$8,944.04 per month
\$ 298.13 per day